

Application Packet

Steps to apply

1. Application Deadline **March 30th, 2023 at 5 PM.**
 2. Call (830) 625-4025 to set an appointment time January 25th to March 30th to turn in your application.
 3. Carefully review the checklist to see what documents are needed.
 4. Please make sure you bring **all your current documents** to your appointment or it cannot be reviewed. (our office can assist with making copies)
 5. Application fee is \$37 for a single applicant or \$49 for dual applicants - check or money order only.
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Comal County Habitat for Humanity
1269 Industrial Dr
New Braunfels, Tx 78130
830-625-4025
homeprogram@comalhabitat.org
www.comalhabitat.org



Homebuyer Application Document Checklist

All the documents listed below are required for your application to be processed. *If any of the documents are missing, your application cannot be considered for the homebuyer program.* If you have any questions about the application call the Home Program Department at (830)625-4025.

Identification Documentation

- ☐ Copy of Driver's License or Picture I.D.'s for all household members 18 or older
- ☐ Social Security Card (for all who will live in household, including dependents)
- ☐ Birth Certificate (for all dependents without ID)
- ☐ Marriage Certificate or Divorce Decree (if applicable)
- ☐ For anyone in the household that is not a U.S. Citizen - copy of your U.S. Immigration Permit (Green Card)

Rental History Documentation

- ☐ Landlord reference – Form attached ***

*If lived in current dwelling for less than 2 years, previous landlord reference must be filled out. We are looking at 2-year rental history.

- ☐ Lease Contract (if applicable)

Income Documentation

- ☐ Employment Verification (all members of household currently employed must provide verification) *

*If worked less than 3 years at current job, previous employment verification must be filled out.

We are looking at 3-year work history in the last 5 years

- ☐ Copy of your pay stubs for the past 2 months (for all those working that will live in household)
- ☐ Or most recent award letter for SSI, social security benefits, veteran's benefits, or disability benefits.
- ☐ Child Support Orders (if applicable)
- ☐ Last 2 years Tax Returns including W-2 forms with all schedules attached from the IRS
- ☐ If self-employed – current year-to-date Profit and Loss Statement (signed and dated) certifying all information is true and correct to the best of your knowledge, also business tax returns for last two years
- ☐ Any other form of income, including food stamps, copies of the awards letters.

Expense Documentation

- ☐ Bank statements for checking and savings account from the last 2 months (not screenshots from phone)
- ☐ List all monthly expenses including utility statements, cable, internet, phone, car insurance, etc, on application

Other

- ☐ Non-refundable \$37 check or money order per person over the age of 18 or (\$49 if there is a co-applicant.)
- ☐ Homeownership application completely filled out and signed
- ☐ 3 Letters of Recommendation from friends or family

For additional information or questions:

Comal County Habitat for Humanity

Phone: 830-625-4025

Email: homeprogram@comalhabitat.org

Website: www.comalhabitat.org

Incomplete packages cannot be considered

We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.



Comal County
Habitat
for Humanity®

Questionnaire

Applicant Name: _____

1. What is your marital status? (circle one)

Single Married Separated Divorced Widowed

1a. If you are married but separated, count your spouse in your family size and submit your spouse's current paycheck stub with this application.

2. Are you willing to partner & work at least 350 hours of sweat equity?

Yes ☐ No ☐

3. Do you have a need for shelter?

Yes ☐ No ☐

4. Is your current need for shelter/living situation: (check all that apply)

Overcrowded

Yes ☐ No ☐

Substandard Housing/ Poorly Maintained

Yes ☐ No ☐

Cost Burdened (due to housing expenses)

Yes ☐ No ☐

Unable to qualify for a Conventional Mortgage due to income level

Yes ☐ No ☐

5. Are you a 1st time homebuyer?

Yes ☐ No ☐

6. Have you owned a home within the last 3 years?

Yes ☐ No ☐

7. Have lived or worked in Comal County for at least 12 months?

Yes ☐ No ☐

8. Have you had a steady income for 3 years with **NO** gaps in employment at all? If yes, how long of a gap? _____

Yes ☐ No ☐

9. How many hours do you work per week on your current job? _____

10. Do you have any unpaid collections, judgments or liens ?

Yes ☐ No ☐

11. Have you ever declared bankruptcy?

Yes ☐ No ☐

12. If approved how many people will live in the home? # of Adults? _____ # of Children? _____

How many adult children? _____

Are any of the adult children **college students**?

Yes ☐ No ☐

How many of the adult children are **fulltime college students**? _____

How many are adult children are **part time college students**? _____

Are any of the adult children **employed**?

Yes ☐ No ☐

How many are fulltime employees? _____

How many are part time employees? _____

Submit a current paycheck stub for each adult child that is employed

Submit a letter of acceptance or current semester college schedule for each adult child that is a full time student

13. Are you currently in the Military?

Yes ☐ No ☐

14. Are you a Veteran?

Yes ☐ No ☐

15. Are you willing to live in the areas in which we are building?

Yes ☐ No ☐

Email Address _____

Cell Phone Number _____

Cell Phone Provider _____
(If cell provider is known, we can email to your phone)

What is the best way to communicate with you between 8am-6pm? (circle all that apply)

Email

Text

Home

Work

Mail

How did you hear about Habitat? (circle all that apply)

Church

Presentation/Meeting

Homeowner (Name _____)

Workplace

Agency

Walk In/Office

Website

Facebook

Have you previously applied at Comal County Habitat

Yes ☐ No ☐

If yes, when?

2022

2021

2020

2019 (circle all that apply)

[illegible]

2. WILLINGNESS TO PARTNER

To be considered for a Habitat Home, you and your family must be willing to complete a minimum of 350 "sweat equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, working at the ReStore, or other approved activities.

**I AM WILLING TO COMPLETE THE
REQUIRED SWEAT EQUITY HOURS.**

Applicant: ☐ Yes ☐ No
Co-Applicant: ☐ Yes ☐ No

3. PRESENT HOUSING CONDITION

Number of bedrooms (please circle): 1 2 3 4 5

☐ Own ☐ Rent ☐ Living with Relatives/Friends ☐ Other (explain) _____

Are you living in subsidized housing? ☐ Yes ☐ No How much is your subsidy? \$ _____

If you are renting, what is your monthly payment? \$ _____/ month

Name, address, and phone number of apartment complex or landlord:

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat house?

4. PROPERTY INFORMATION

Do you own your residence? ☐ Yes ☐ No Type of residence: ☐ Mobile Home ☐ House ☐ Other _____

Monthly Payment \$ _____ Unpaid Balance \$ _____ Mobile Home Year: _____ Substandard ☐ Yes ☐ No

Do you own land? ☐ Yes ☐ No If yes, please , including location _____

Is there a mortgage on the land? ☐ No ☐ Yes If yes: Monthly Payment \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

5. EMPLOYMENT INFORMATION

APPLICANT			CO-APPLICANT		
Name and address of current employer:		Years on the job:	Name and address of current employer:		Years on the job:
Rate of pay: \$	Hours per week:	Gross Monthly Income: \$	Rate of pay: \$	Hours per week:	Gross Monthly Income: \$
Type of business:		Work phone #:	Type of business:		Work phone #:
If you have a second job, complete the following information					
Name and address of second employer:		Years on the job:	Name and address of second employer:		Years on the job:
Rate of pay: \$	Hours per week:	Gross Monthly Income: \$	Rate of pay: \$	Hours per week:	Gross Monthly Income: \$
Type of business:		Business phone #:	Type of business:		Business phone #:
If you have worked at your current job for less than 3 years, complete the following information					
Name and address of previous employer:		Years on the job:	Name and address of previous employer:		Years on the job:
Rate of pay: \$	Hours per week:	Gross Monthly Income: \$	Rate of pay: \$	Hours per week:	Gross Monthly Income: \$
Type of business:		Business phone #:	Type of business:		Business phone #:

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in Household	Total
Wages	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$

PLEASE NOTE:
Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
Name	Date of Birth	Income source	Monthly Income

7. DEBT						
Account	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Credit cards	\$	\$		\$	\$	
Credit cards	\$	\$		\$	\$	
Car payments	\$	\$		\$	\$	
Student loans	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Furniture, etc. (rent to own)	\$	\$		\$	\$	
Other:	\$	\$		\$	\$	
Total:	\$	\$		\$	\$	

8. MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance (health & auto)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cable	\$	\$	\$
Cell phone	\$	\$	\$
Child support/Alimony	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Total:	\$	\$	\$

9. DECLARATIONS		
Please check the word that best answers the following questions for you and the co-applicant		
	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.		

10. ASSETS

Name of bank, credit union, etc.	Address	Account Number	Current Balance
			\$
			\$
			\$

VEHICLES

	Year	Make & Model
Car #1		
Car #2		
Car #3		

11. SOURCE OF ESCROW ACCOUNT DEPOSIT

Where will you get the money to make the escrow account deposit (for example, savings or parents)? If you borrow money, whom will you borrow it from and how will you pay it back? _____



12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Comal County Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family. I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved. I understand and agree to provide updates to Habitat in case of any changes on family income, employment, contact information, number of family members and health conditions.

I also understand that Comal County Habitat for Humanity screens all applicant families on the sex offender registry and Specially Designated Nationals (SDN) list. By completing this application, I am submitting myself to such inquiries. I further understand that by completing this application, I am submitting myself to a criminal background check.

X _____
Applicant signature

Date

X _____
Co-applicant signature

Date

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant and/or "C" for co-applicant.

FOR DEPENDENTS AGES 18 & UP

I understand that Comal County Habitat for Humanity screens all potential applicants and dependents listed on the application on the sex offender registry and the Specially Designated Nationals (SDN) list as well as conduct criminal background checks. By signing below, I am submitting myself to all the checks listed in this paragraph.

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify that we may order an appraisal in connection with your loan and we may charge you for the appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

X _____
Applicant signature

Date

X _____
Co-applicant signature

Date



EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices in the Southwest region located at 1999 Bryan St. Suite 2150 Dallas, TX 75201.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Printed Name

Signature

Date

Printed Name

Signature

Date





PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview		
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)	
	Interviewer's signature Date	Date
	Interviewer's phone number	



CURRENT LANDLORD REFERENCE

To whom it may concern,

The applicant below is applying for the Comal CountyHabitat for Humanity homeownership program and is required to provide verification of rental history. Please completely fill out the verification and fax it to our office at (830)625-4760 (Attn: Home Program) or email it to homeprogram@comalhabitat.org. If you have any questions, please feel free to contact the Comal Habitat Home Program at (830)625-4025. Thank you for your cooperation.

APPLICANT RELEASE OF INFORMATION AUTHORIZATION		
I, _____, authorize _____ to release the following information below to Comal County Habitat for Humanity.		
_____ Tenant's Signature		_____ Date
THIS SECTION TO BE COMPLETED BY LANDLORD		
Tenant has Rented From:	To:	
Amount of Monthly Rent: \$	Tenant's Payment History: Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
Is monthly rent subsidized? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please fill out information on the right.	Subsidized Amount: \$	
	Tenant's Amount: \$	
Within the last 12 months, how many times has the tenant paid rent late and how many days was it past due?		
Additional Comments:		
COMPLETED BY		
Printed Name	Signature	
Phone Number	Fax Number	Date
Address of Property:		



PREVIOUS LANDLORD REFERENCE

To whom it may concern,

The applicant below is applying for the Comal CountyHabitat for Humanity homeownership program and is required to provide verification of rental history. Please completely fill out the verification and fax it to our office at (830)625-4760 (Attn: Home Program) or email it to homeprogram@comalhabitat.org. If you have any questions, please feel free to contact the Comal Habitat Home Program at (830)625-4025. Thank you for your cooperation

APPLICANT RELEASE OF INFORMATION AUTHORIZATION

I, _____, authorize _____ to
(Tenants' name) (Landlord / Leasing agency name)
release the following information below to Comal County Habitat for Humanity.

Tenant's Signature

Date

THIS SECTION TO BE COMPLETED BY LANDLORD

Tenant Rented From:

____ / ____ / ____
mm dd yyyy

To:

____ / ____ / ____
mm dd yyyy

Amount of Monthly Rent Paid:

\$

Tenant's Payment History:

Excellent ☐ Satisfactory ☐ Unsatisfactory ☐

Was the monthly rent subsidized?

Yes ☐ No ☐

Subsidized Amount:

\$

Tenant's Amount:

\$

If yes, please fill out information on the right.

How many times did the tenant pay rent late and how many days was it past due?

Additional Comments:

COMPLETED BY

Printed Name

Signature

Phone Number

Fax Number

Date

Address of Property:



CURRENT EMPLOYMENT VERIFICATION

To whom it may concern,

The applicant below is applying for the Comal CountyHabitat for Humanity homeownership program and is required to provide verification of rental history. Please completely fill out the verification and fax it to our office at (830)625-4760 (Attn: Home Program) or email it to homeprogram@comalhabitat.org. If you have any questions, please feel free to contact the Comal Habitat Home Program at (830)625-4025. Thank you for your cooperation

APPLICANT RELEASE OF INFORMATION AUTHORIZATION

I, _____, authorize _____ to
(Employee name) (Employer / Company name)

release the following information below to B/CS Habitat for Humanity.

Employee's Signature

Date

THIS SECTION TO BE COMPLETE BY EMPLOYER

Date of Hire: / /	Present Position:	
Rate of Pay: \$	Hours Worked per Week:	Frequency of Pay (ex: weekly):
Paid vacation and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	(if applicable) Does employee receive a 9 or 12-month salary? <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month	Gross Total Earnings, Year to Date \$
Past Year Gross Annual Income: \$	From	To
Does this person regularly receive overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the information on the right.	Average Overtime Hours:	
	Rate of Pay for Overtime:	
Does this person regularly receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the information on the right.	Bonus Amount:	
	Frequency of Bonus (ex: monthly):	
COMPLETED BY		
Printed Name	Signature	
Business Phone Number	Business Fax Number	Date
Business Name and Address:		



PREVIOUS EMPLOYMENT VERIFICATION

To whom it may concern,

The applicant below is applying for the Comal CountyHabitat for Humanity homeownership program and is required to provide verification of rental history. Please completely fill out the verification and fax it to our office at (830)625-4760 (Attn: Home Program) or email it to homeprogram@comalhabitat.org. If you have any questions, please feel free to contact the Comal Habitat Home Program at (830)625-402. Thank you for your cooperation.

APPLICANT RELEASE OF INFORMATION AUTHORIZATION

I, _____, authorize _____ to release the
(Employee name) (Employer / Company name)
following information below to Comal County Habitat for Humanity.

Employee's Signature

Date

THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER

Date of Hire: / /	Date of Termination: / /	Position Held:
Rate of Pay at Termination: \$	Hours Worked per Week:	Frequency of Pay (ex: weekly):
Total Earnings, Past Year to Date \$	From	To
Did this person regularly receive overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the information on the right.	Average Overtime Hours: Rate of Pay at Termination for Overtime:	
Did this person regularly receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the information on the right.	Bonus Amount: Frequency of Bonus (ex: monthly):	
COMPLETED BY :		
Printed Name	Signature	
Business Phone Number () -	Business Fax Number	Date
Business Name and Address:		



Certification of No Income

*This form must be completed by any applicant or household member age 18 or older who does **not receive income**. Please make copies as needed. If not applicable, do not complete this form. This form requires a notary signature.*

Applicant or Household Member's Full Name (print): _____

Address: _____

I do not presently receive any income from any source, including, but not limited to, the following:

- Employment
- Unemployment Insurance Benefits
- Compensation
- Disability
- Social Services
- Child Support
- Veteran's Benefits
- Supplemental Security Income

Applicant or Household Member Signature

Date

This section should be completed by a notary only:

STATE OF TEXAS

COUNTY OF COMAL

Before me, _____, a Notary Public of the state and county mentioned, personally appeared _____, the within named bargainer (applicant or household member), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he/she executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office, this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

(stamp)



Information Changes

Since the selection process may take time, please make sure to provide us with updated information such as changes in your contact information. You should immediately inform us if there are changes to your application including but not limited to marital status, household members, income amounts, sources of income, job changes or additions, expenses/loans, criminal/juvenile delinquency history (e.g. arrests or charges), and assets/savings.

Additional Documents that May be Requested if Needed:

We could determine that you might be eligible but we need further information. You will receive a letter in the mail requesting additional documents that must be turned in within 30 days, so be prepared!

Below is the list of items that could be requested. In some cases, items other than those listed below may be requested due to your individual circumstances.

- Proof of identity and age for all other household members under age 18. (birth certificates, passports, etc.)
- Most recent paystubs, bank statements, or income documents
- Printout or letter with current benefits received including food stamps, Families First, Medicare, etc
- Bills – two months' bills for all of the following items you pay: electric, water, gas, cell phones, home phones, internet, cable, childcare, life insurance, health insurance, storage, other recurring bills
- Letter of Credit from electric, water, and gas companies. Obtained by contacting their customer service.
- Credit Card Statements – 3 most recent monthly statements for each open account
- Loans statements with the balance, payment, and 12 month history of payment. (includes car, student, personal, furniture, etc)
- Section 8 or rental assistance documentation that shows your portion and the housing authority's portion of your rent
- Proof of previous homeownership ending date (sale of the home, payoff, foreclosure date)
- Documents from a separated spouse including identification, income sources, and background consent forms. You must be legally divorced to apply by yourself. If divorce is not final, separated spouse will be considered on the application.